

# Meth-Free Butte Citizen Suspicious Activity Statement

Date

/ / 20\_\_

I suspect drug activity is occurring at the following residence....

Street Address

Suspicious Activity Witnessed (be as specific as possible)

If you consent to be contacted for follow-up or would consider testifying in a possible trial to the information on this sheet, please provide your contact information below:

Name (Please Print)

Street Address

Telephone Number(s)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**Send To:**

**Southwest Montana  
Drug Task Force**

P.O. Box 9  
Butte, MT 59703

OR CALL

**Drug Activity Tip Line**

497-5079